



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2817
Examiner : Henry Choe
Serial No. : 10/614,495
Filed : July 7, 2003
Inventors : Robert Ian Gresham
Title : ABSORPTIVE MICROWAVE
: SINGLE POLE SINGLE THROW
: SWITCH

Customer No.: 26794

Confirmation No.: 9267

Docket No.: 18054

Dated: November 8, 2004

AFTER-FINAL AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed 7 October 2004, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.



AF

Attorney Docket No.: 18054 (1110-03)

Application of Robert Ian Gresham

Serial No.: 10/614,495

Filed: July 7, 2003

For: ABSORPTIVE MICROWAVE SINGLE POLE SINGLE THROW SWITCH

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- ☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	18	-	** 20=	0
INDEP.	2	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$_____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

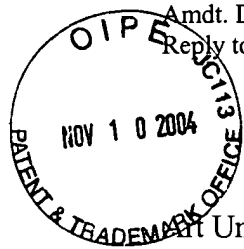
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



Paul A. Taufer
Reg. No. 35,703
Darius C. Gambino
Reg. No. 41,472
Attorney for Applicant(s)

PAT:DCG/pam
(215)656-3320



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2817 **Customer No.: 26794**
Examiner : Henry Choe
Serial No. : 10/614,495 **Confirmation No.: 9267**
Filed : July 7, 2003
Inventors : Robert Ian Gresham
Title : ABSORPTIVE MICROWAVE **Docket No.: 18054**
: SINGLE POLE SINGLE THROW
: SWITCH

Dated: November 8, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For
Postcards (2)
Amendment Transmittal Letter, in Duplicate
After-Final Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
One Liberty Place
1650 Market Street, Suite 4900
Philadelphia, Pennsylvania 19103

By: _____ 

Date: _____ 